

Medicare beneficiaries at the substantially reduced prices already available under the Federal supply schedule. This important piece of legislation would dramatically lower prescription drug costs for senior citizens.

Most Americans are aware of the ever increasing costs of health care and prescription medication. But no segment of the American population is impacted more than our senior citizens. Senior citizens are having an increasingly difficult time affording prescription drugs. For senior citizens on fixed incomes, the cost of prescription drugs is one of their highest monthly bills and can mean the difference between buying basic necessities or medicine. No senior should ever be forced to choose between buying food or medicine, especially those with disabling ailments who often depend on their medication just to make it through the day.

Seniors are being forced to pay much steeper prices than the "most favored customers" of drug companies such as HMO's. It's just plain wrong for large pharmaceutical companies to be charging the highest prices to those who can least afford to pay them. Large corporations should not be making a profit at the expense of our senior's health.

H.R. 4646 would fix this problem by leveling the playing field for retail pharmacies who sell drugs to senior citizens. This legislation would allow retail pharmacies to buy medications used by senior citizens directly from the General Services Administration (GSA) of the Federal Government. Because the GSA is one of the entities able to purchase prescription medication at much lower prices, this procedure will allow pharmacists to pass on significant savings to senior citizens.

I am proud to be an original cosponsor of this legislation that protects the health of our Nation's senior citizens. I urge all my colleagues to join me in supporting this legislation.

MEDICARE+CHOICE MEDICAL NECESSITY PROTECTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 1, 1998

Mr. STARK. Mr. Speaker, I rise to introduce the Medicare+Choice Medical Necessity Protection Act. With passage of the Balanced Budget Act, Congress has opened the Medicare program to a host of private insurance companies that will be competing with each other to get the most Medicare patients while spending the least amount of money. One of the cost-saving mechanisms commonly used to managed care plans today is to interpret "medical necessity" on their own terms. In this manner, health plans can avoid paying for services that would be considered normal and appropriate based on the standard medical practice of the day. Using such means, health plans can and do override the medical decisions of treating physicians.

The clearest examples of this type of health plan behavior have also been areas where Congress has recently considered specific legislation. In the last Congress, we passed a law to prohibit health plans from requiring a mother who had just given birth to leave the hospital in less than 48 hours after birth. This

year, Congress has been considering similar legislation with respect to a two-day stay for women who have undergone mastectomies.

It is not good legislative policy to pass such case-by-case fixes to health plan behavior that we find abhorrent. Standard medical practices change on a continual basis. Having requirements for length-of-stay in federal law could become problematic if that medical standard changes. These decisions are best left in the hands of medical professionals. Unfortunately, with the growth of managed care in our country, it is often not medical professionals who are making such treatment decisions. These cases are becoming so blatantly arbitrary and without medical merit that Congress has been forced into action by public outcries. Rather than continue such case-by-case legislating, I support the creation of a medical necessity standard that would eliminate health plans' abilities to manipulate the standard.

Under this proposal, medical necessity would be defined as "a service or a benefit which is consistent with generally accepted principles of professional medical practice." This definition was part of the Democratic Patients' Bill of Rights (HR 3605), which created federal consumer protection standards for managed care plans in the private sector. It is also the common definition of medical necessity which has been established in case law over the past century.

The Medicare+Choice Medical Necessity Protection Act would add that same definition of medical necessity to the Medicare+Choice program. This change would help ensure that seniors' who join any of the new Medicare+Choice health plan options in Medicare would have the protection of knowing that their private health plan could not manipulate the rules in order to avoid coverage and payment for appropriate medical services. It would put medical decision-making back in the hands of doctors where it belongs—not under the control health plan bureaucrats.

Let me emphasize that this amendment would not mean that a health plan would ever be required to cover a service that is clearly not covered by the plan's contract. It only applies to covered services. So, if a health plan does not provide coverage for hearing aids, inclusion of this definition would never require the health plan to make an exception and cover a hearing aid for a particular person.

The Medicare+Choice Medical Necessity Protection Act is a simple, sensible bill. It would ensure that all Medicare+Choice plans are playing under a uniform set of rules for coverage determinations and would end the practice of health plans arbitrarily overriding doctors' judgments. Our Medicare beneficiaries deserve no less. I urge my colleagues to join me in support of this important legislation.

CONFERENCE REPORT ON H.R. 6, HIGHER EDUCATION AMENDMENTS OF 1998

SPEECH OF

HON. CHAKA FATTAH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, September 28, 1998

Mr. FATTAH. Mr. Speaker, I cannot over-emphasize the importance of the passage of

the High Hopes/GEAR UP program as a part of the Higher Education Reauthorization legislation adopted by the House today. This program is the embodiment of all that is right about our legislative process and about the fundamental American creed which unites us as a people. I want to take the time to recount the history of this idea so that the record will show the difference that can be made when we are true to the process and to that creed.

The challenge which the High Hopes/GEAR UP program addresses is insuring that all American children have the opportunity to go to college. For the children of most middle class families, that college is an option after high school graduation is taken for granted. For most poor children, college is not even in the picture. No one they know has gone to college. If the thought ever occurs to them, it is dismissed as an unattainable fantasy. Often these attitudes and conclusions are based on misinformation about the cost of college, or about the availability of financial aid and other sources of support, or perhaps it's just that the notion of college is so remote from their experience that nothing in their lives has prepared them to take advantage of opportunities that might be right before their eyes.

Whatever the underlying dynamic, the end result is that children in poor neighborhoods often make life-changing decisions that deal them out of the mainstream game before they get their first chance at bat. Because the vision of their future is inevitably defined solely by what they see and what they know, they are too often drawn off onto the various side roads of life—high school dropout, teenage pregnancy, truancy, delinquency, and other anti-social activities. These outcomes serve no one. They destroy the young people's potential, they tax our society, and they waste our precious human capital.

The High Hopes/GEAR UP Program will elevate the vision of millions of young people to let them see that college is possible for them. It will give them a future to focus on that will help pull them successfully through their high school years in a way that prepares and positions them to go on to college. As is done for children of middle class families, the program is designed to surround them with the expectation that they will pursue this goal, give them the complete spectrum of information that they need to conclude that this goal is achievable, and strengthen the support systems needed to get them from here to there.

The High Hopes/GEAR UP Program will provide certainty to students and their families that they will be able to afford college. Beginning in middle school, the Secretary of Education will send children in high poverty neighborhoods, 21st Century Scholar Certificates that notify them annually of the financial aid that will be available to them for college when they graduate from high school. It will support partnerships between universities, businesses, and community-based organizations that will insure that these "21st Century Scholars" will have the mentoring, educational enrichment, social services and academic supports they need to stay in school, work hard, and graduate prepared for college. The unprecedented success of private programs such as Eugene Lang's "I Have a Dream" in New York, and Ruth Hayre's "Tell Them We Are Rising" in Philadelphia, gives us every reason to believe that these approaches will have a huge impact on high school graduation, college attendance, and college completion rates.